## MAR 1 4 2007

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In repatent application of: ) Date: March 12, 2007

Beth W. Ghiloni et al. ) Attorney Docket No.: F-728

Serial No.: 10/604,500 ) Customer No.: 00919

Filed: July 25, 2003 ) Group Art Unit: 3693

Confirmation No.: 1499 ) Examiner: James M. Alpert

For: SYSTEMS AND METHODS FOR CHARGE-BACK INVOICE

**GENERATION** -

## TRANSMITTAL OF ISSUE FEE

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed herewith is the completed Issue Fee Transmittal form PTOL-85B for the above-identified patent application, including authorization to charge the issue fee to Deposit Account Number 16-1885. A duplicate copy of this transmittal is attached.

Respectfully submitted,

George M. Macdonald

Reg. No. 39,284 Attorney of Record

Telephone (203) 924-3180

PITNEY BOWES INC. Intellectual Property and Technology Law Department 35 Waterview Drive P.O. Box 3000 Shelton, CT 06484-8000

## **CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on March 12, 2007

Date of Deposit

George M. Macdonald Name of Registered Rep.

March 12, 2007

Date

Signature

• /	IDE	PART I	B - FEE(S) TRA	NSMITTAL			/
· · · · · · · · · · · · · · · · · · ·	R 1 4 2007	,	or <u>Fax</u>	P.O. Box 1450 Alexandria, Vi (571)-273-2885	rginia 2	2313-1450	/
INSTRUCTIONS: the for appropriate. All further con indicated unless corrected maintenance fee notification	m should be used for respondence including poly or discreted other	or transmitting the ISS g the Patent, advance of crwise in Block 1, by (	UE FEE and PUBLI orders and notification a) specifying a new of	CATION FEE (if re of maintenance fee correspondence address	equired). E s will be ess; and/or	Blocks I through 5 sho mailed to the current of (b) indicating a separa	ould be completed or espondence addresses "FEE ADDRESS
CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Blo	ock I for any change of address)		Fee(s) Transmittal.	or mailing This certif	can only be used for icate cannot be used for such as an assignment ling or transmission.	comestic mailings of
PITNEY BOWES 35 WATERVIEW I PO BOX 2300	S INC. DRIVE	0604500	·	I hereby certify tha States Postal Service addressed to the Machine International Control of the Machine International Control of the University of the Univ	Certificate t this Fee(s e with suf fail Stop SPTO (57	of Mailing or Transm s) Transmittal is being ficient postage for first ISSUE FEE address a 1) 273-2885, on the dat	ission deposited with the U class mail in an envi bove, or being facs e indicated below.
P.O.BOX 3000 14/20075 HDEBESS 00000058 161885 10604500 C:1501				George N	1. Mad	cdonald	(Depositor's :
C:1504 300.00	DA				3/12/	07	. (
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO
TITLE OF INVENTION: SY		***		,		COTAL PERSON NA	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE PREV. PAID IS	SUE FEE	TOTAL FEE(S) DUE	DATE DUE
			<del>                                     </del>	<del></del>			
* i nonprovisional	NO	\$1400	\$300	\$0		\$1700	03/13/2007
nonprovisional EXAMINE		\$1400 ART UNIT	\$300 CLASS-SUBCLASS	<del></del>	<u>_</u>	\$1700	03/13/2007
EXAMINEI ALPERT, JAM	R MES M	ART UNIT 3693	CLASS-SUBCLASS 705-035000	s	liet		
EXAMINEI ALPERT, JAM  1. Change of correspondence	R  MES M  address or indication ence address (or Chan 2) attached. ion (or "Fee Address"	ART UNIT  3693 of "Fee Address" (37 age of Correspondence Indication form	CLASS-SUBCLASS 705-035000  2. For printing on (1) the names of or agents OR, alte	the patent front page up to 3 registered parnatively, single firm (having a yorle gent) and the n t attorneys or agents.	tent attorn	eys (George	03/13/2007 M. Macdona N. Chaclas
ALPERT, JAM  1. Change of correspondence CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address* indicati PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNE	R  MES M  address or indication ence address (or Chan (2) attached. ion (or "Fee Address" or more recent) attache  RESIDENCE DATA an assignee is identif 37 CFR 3.11. Compl	ART UNIT  3693  of "Fee Address" (37  age of Correspondence  Indication form ad. Use of a Customer  TO BE PRINTED ON	CLASS-SUBCLASS 705-035000  2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered paten listed, no name with the PATENT (print of data will appear on total a substitute for filin (B) RESIDENCE: (0)	the patent front page up to 3 registered paratively, single firm (having a y or agent) and the n attorneys or agents. If be printed.  or type) the patent. If an ass g an assignment.  CITY and STATE Of	s a member ames of up If no nam	eys 1 George 2 Angelo 10 to 10	<u>M. Macdona</u> N. Chaclas
ALPERT, JAM  1. Change of correspondence CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	R  MES M  address or indication ence address (or Chan (2) attached. ion (or "Fee Address" or more recent) attache  RESIDENCE DATA an assignee is identif 37 CFR 3.11. Complete  BOWES Inc.	ART UNIT  3693  of "Fee Address" (37  age of Correspondence  Indication form ad. Use of a Customer  TO BE PRINTED ON Third below, no assignee etion of this form is NO categories (will not be presented).	CLASS-SUBCLASS 705-035000  2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered paten listed, no name with the PATENT (print of data will appear on to T a substitute for filin (B) RESIDENCE: (Compared to the patent):	the patent front page up to 3 registered paratively, single firm (having a y or agent) and the n attorneys or agents. Il be printed.  or type) the patent. If an ass g an assignment.  CITY and STATE Of Individual	tent attorn ss a membrames of up If no nam gnee is id R COUNT Corporation	eys 1 George or a 2 Angelo or to e is 3 entified below, the doc RY)	M. Macdona N. Chaclas  ument has been file
ALPERT, JAM  1. Change of correspondence CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	R  AES M  e address or indication ence address (or Chan (2) attached. ion (or "Fee Address" or more recent) attache  RESIDENCE DATA an assignee is identif 37 CFR 3.11. Complete  BOWES Inc. assignee category or or submitted: nall entity discount pe	ART UNIT  3693  of "Fee Address" (37  age of Correspondence  Indication form ad. Use of a Customer  TO BE PRINTED ON  fied below, no assignee letion of this form is NO  categories (will not be presented)	CLASS-SUBCLASS  705-035000  2. For printing on (1) the names of or agents OR, alte (2) the name of a registered patent listed, no name with the patent of the substitute for filing (B) RESIDENCE: (C)  Starrent on the patent):  D. Payment of Fee(s):  A check is enclosed a payment by creditation.	the patent front page up to 3 registered paratively, single firm (having a yor agent) and the n attorneys or agents. If an assignment.  CITY and STATE Of Individual (Please first reapply sed. it card. Form PTO-20 tereby authorized to cereby	tent attorn s a member ames of up If no nam  gnee is id COUNT  Corporation any previous	eys 1 George 2 Angelo 2 is 3 entified below, the doc RY) on or other private groundously paid issue fee sh	M. Macdona N. Chaclas  ument has been file pentity Government own above)
ALPERT, JAM  1. Change of correspondence CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address' indicati PTO/SB/47; Rev 03-02 on Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE  Pitney Please check the appropriate  4a. The following fee(s) are set in the control of the c	R  AES M  address or indication ence address (or Chan 2) attached. ion (or "Fee Address" or more recent) attache  RESIDENCE DATA an assignee is identif 37 CFR 3.11. Compl EE  BOWES Inc. assignee category or or submitted: mall entity discount per Copies  (from status indicated MALL ENTITY status	ART UNIT  3693  of "Fee Address" (37  age of Correspondence Indication form ed. Use of a Customer  TO BE PRINTED ON  fied below, no assignee etion of this form is NO  categories (will not be presented)  ermitted)  above)  s. See 37 CFR 1.27.	CLASS-SUBCLASS 705-035000  2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print data will appear on the Tasubstitute for filin (B) RESIDENCE: (Control of the patent):  D. Payment of Fee(s): A check is enclosed Payment by credition of the patent of the patent of the patent of the patent of the payment by credition of the payment, to be applicant is not control of the patent of the payment, to be applicant is not control of the patent of the patent of the patent of the patent of the payment of the patent of the pate	the patent front page up to 3 registered paratively, single firm (having a yor agent) and the n attorneys or agents. Ill be printed.  or type) the patent. If an ass g an assignment. CITY and STATE Of Individual  (Please first reapphysed. it card. Form PTO-20 ereby authorized to copeosit Account Nur	tent attorn s a member ames of up If no nam ignee is id R COUNT Corporatio any previous 38 is attacharge the r aber 16	eys 1 George or a 2 Angelo or a 2 Angelo e is 3 entified below, the doc RY) on or other private group dously paid issue fee sh ched. equired fee(s), any defices 1885 (enclose an of	M. Macdona N. Chaclas  ument has been file p entity Government own above)  siency, or credit any extra copy of this for
ALPERT, JAM  1. Change of correspondence CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE  Pitney Please check the appropriate  4a. The following fee(s) are s  Sissue Fee Publication Fee (No sn Advance Order - # of the state of	R  AES M  address or indication ence address (or Chan 2) attached. ion (or "Fee Address" ir more recent) attache  RESIDENCE DATA an assignee is identif 37 CFR 3.11. Compl  E  BOWES Inc. assignee category or or submitted: nall entity discount pe Copies  (from status indicated AALL ENTITY status iblication Fee (if requi	ART UNIT  3693  of "Fee Address" (37  age of Correspondence Indication form ad. Use of a Customer  TO BE PRINTED ON  To BE PRINTED ON  tied below, no assignee letion of this form is NO  categories (will not be presented)  ermitted)  above)  s. See 37 CFR 1.27.  ired) will not be accepted	CLASS-SUBCLASS 705-035000  2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with the partent of the patent of the pate	the patent front page up to 3 registered paratively, single firm (having a yor agent) and the n attorneys or agents. Ill be printed.  or type) the patent. If an ass g an assignment. CITY and STATE Of Individual  (Please first reapphysed. it card. Form PTO-20 ereby authorized to copeosit Account Nur	tent attorn s a member ames of up If no nam ignee is id R COUNT Corporatio any previous 38 is attacharge the r aber 16	eys 1 George or a 2 Angelo or a 2 Angelo e is 3 entified below, the doc RY) on or other private group dously paid issue fee sh ched. equired fee(s), any defices 1885 (enclose an of	M. Macdona N. Chaclas  ument has been file p entity Government own above)  siency, or credit any extra copy of this for
ALPERT, JAM  1. Change of correspondence CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address" indicati PTO/SB/47; Rev 03-02 on Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE  Pitney Please check the appropriate  4a. The following fee(s) are s  Sissue Fee  Publication Fee (No sn Advance Order - # of the state of the state of the set o	R  AES M  address or indication ence address (or Chan 2) attached. ion (or "Fee Address" ir more recent) attache  RESIDENCE DATA an assignee is identif 37 CFR 3.11. Compl  E  BOWES Inc. assignee category or or submitted: nall entity discount pe Copies  (from status indicated AALL ENTITY status iblication Fee (if requi	ART UNIT  3693  of "Fee Address" (37  age of Correspondence Indication form ed. Use of a Customer  TO BE PRINTED ON  fied below, no assignee eletion of this form is NO  categories (will not be presented)  ermitted)  above)  s. See 37 CFR 1.27.  ired) will not be acceptees Patent and Trademark	CLASS-SUBCLASS 705-035000  2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with the partent of the patent of the pate	the patent front page up to 3 registered paratively, single firm (having a yor agent) and the n attorneys or agents. Ill be printed.  or type) the patent. If an ass g an assignment. CITY and STATE Of Individual  (Please first reapphysed. it card. Form PTO-20 ereby authorized to copeosit Account Nur	tent attorn s a membranes of up If no nam ignee is id R COUNT Corporation any previous 38 is attacharge the r aber 16 ALL ENT egistered a 3//2	eys 1 George or a 2 Angelo or a 2 Angelo e is 3 entified below, the doc RY) on or other private group dously paid issue fee sh ched. equired fee(s), any defices 1885 (enclose an of	M. Macdona N. Chaclas  ument has been file p entity Government own above)  siency, or credit any extra copy of this for

an application. Confidentiality is g submitting the completed application this form and/or suggestions for re Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.